

Case Number:	CM14-0161955		
Date Assigned:	10/07/2014	Date of Injury:	03/20/2000
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of March 20, 2000. A utilization review determination dated September 29, 2014 recommends non-certification for a Queen orthopedic foam mattress. No recent progress reports were provided for review. A letter dated May 30, 2014 reviews the patient's medical records and indicates that the patient has complaints involving the shoulder, wrist, neck, and lumbar spine. The patient was noted to be using a home exercise program, Norco, Iodine, and Prilosec. No physical examination is provided. The treatment plan recommends a follow-up visit with the patient and a recommendation for a CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Purchase of new Queen Orthopedic Foam Mattress, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Low Back>; Table 2, Summary of Recommendations Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines ODG, Low Back Pain Chapter, Mattress Selection.

Decision rationale: Regarding the request for Queen Size Mattress, California MTUS and ODG do not contain criteria for the purchase of a bed. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested Queen Size Mattress is not medically necessary.